

**FOR OFFICE USE ONLY:**

Cycle: \_\_\_\_\_

Account: \_\_\_\_\_

**ALCOA UTILITIES BUDGET BILLING APPLICATION**

223 Associates Blvd.

Alcoa, TN 37701

P. 865-380-4700 F. 865-380-4723

Please complete the application below and read all details provided regarding the Budget Billing program. Please print.

<b>Customer Information</b>	
First Name:	
Last Name:	
Alcoa Utilities Account Number:	
Social Security Number:	
Driver's License Number:	
<b>Address Information</b>	
Street Address (Service Address):	
Unit/Apt #:	
City:	
Zip:	
<b>Contact Information</b>	
Home Phone (with Area Code):	
Email Address:	
<p>I hereby request the City of Alcoa Utilities accept my application for its Budget Billing program. I understand to be eligible for the program my account must be current and have no unpaid balances. I also understand if I allow my account to become past due I will be dropped from the program and responsible for the immediate payment of all unpaid balances.</p> <p>Upon my acceptance into the Budget Billing program, I authorize Alcoa Utilities to bill my account in accordance with the monthly budget amount set out below. I understand Alcoa Utilities will determine the monthly budget amount based on my previous 12 months' utilities usage and my budget payments will begin the billing period following my acceptance into the program. I also understand Alcoa Utilities will review the monthly budget amount set out below on a quarterly basis and agree Alcoa Utilities may increase or decrease the monthly budget amount to reflect my most current 12 months' utilities usage.</p>	

I understand the monthly budget amount includes security light charges, if applicable, and that any other monthly charges, such as loan payments, e.g., heat pump loan payments, and/or recurring charges, will be in addition to the budget amount shown below.

**For customers on bank draft:** I understand that any debit balance due on the settle-up invoice will be drafted from my account on the draft date listed.

☐ If applicable, please check.

I understand my participation in the program will terminate upon (i) my moving to another service location, (ii) my moving out of Alcoa Utilities' service area, (iii) written notice of cancellation by Alcoa Utilities or me, or (iv) my account becoming delinquent, whichever occurs first.

Upon completion of this application, I understand Alcoa Utilities will review the information provided and, if approved, will enroll me in the Budget Billing program or otherwise will contact me should I not meet eligibility requirements or more information is needed.

**By signing this form, I state that I have read and completely understand the terms and conditions of the Budget Billing program and that, as set out above, the budget amount can be increased and decreased on a quarterly basis without my prior notice or approval.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Monthly Budget Amount – To Be Determined by the City of Alcoa	
Budget Amount:	
Budget Amount Issue Date:	

(Internal Use Only)	
Budget Amount:	
Cycle:	
Employee Initials:	